

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION | <i>me</i> | | 87 31 51 |
| O.I.P.E. CLASSIFIER | | 43 | 6/11/01 |
| FORMALITY REVIEW | AM | 917 | 10/23/01 |
| RESPONSE FORMALITY REVIEW | SP | 1027 | 11/01/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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5-859
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